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ABSTRACT

Information concerning the treatment and care of children addicted to cocaine is provided. Contents: (1) describe the drug; (2) put cocaine use in its historical and demographic perspectives; (3) report findings of a study documenting the incidence of maternal substance abuse in Pinellas County, Florida; (4) point out false perceptions, misconceptions, and myths related to cocaine; (5) provide the March of Dimes Birth Defects Foundation's answers to questions about cocaine use during pregnancy; (6) list substances most commonly abused during pregnancy and their effects on mother and baby; (7) describe techniques mothers may use to comfort their addicted babies; (8) list characteristics of children addicted to cocaine and their parents; and (9) describe the goals and objectives of a preschool intervention substance abuse curriculum that focuses on improving toddlers' and preschoolers' self-esteem, ability to resist peer pressure, and knowledge about drugs. Concluding sections explore the likely future of day care services and list sources of additional information. (RH)

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CHILDREN OF COCAINE: TREATMENT AND CHILD CARE

1989
ANNUAL CONFERENCE
NATIONAL ASSOCIATION
FOR THE
EDUCATION OF YOUNG CHILDREN

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COCAINE: THE DRUG

1. An alkaloid extracted from the coca bush found in Peru, Bolivia and other mountainous countries.

2. A powerful stimulant to the central nervous system.

3. A drug with properties similar to amphetamines.

4. A white powder (snow) that can be absorbed into the bloodstream through the mucous membranes of the nose, mouth, rectum and vagina.

5. A yellowish lump (crack), which is cheaper, easier to use and more quickly addictive than powdered cocaine. Crack is called the "fast food of drugs."

6. A drug that reaches the brain in 7 to 15 seconds with euphoria lasting 3 to 5 minutes, giving way to depression.

7. A drug that increases the breathing rate from 14 breaths per minute to 40 or more breaths per minute.

8. A drug that reduces production of crucial enzymes in the liver.

9. A drug that constricts blood vessels, restricting circulation.

10. A drug that causes the heart to accelerate from 70 beats a minute to 200 beats a minute. Blood pressure rises from 120/80 to as high as 340/180. Drug-induced heart attacks may result.

11. A drug more quickly addictive than any other drug.

12. A drug that alters sleep patterns, disrupts heart activity and serves as a potent local anesthetic.

13. A drug that overstimulates nerves in the brain's pleasure circuitry.

14. A drug that easily passes through the placenta to the fetus, decreasing the amount of blood going to the baby.

COCAINE: HISTORICAL PERSPECTIVE

1. Pure cocaine was first isolated in 1859.

2. By 1880, a worldwide epidemic of cocaine abuse was in full swing.

3. Cocaine was marketed in toothpaste, soft drinks, headache medications and as a cure for alcohol and morphine abuse.

4. By 1905, cocaine's dangers were well known and it was banned in the U.S. and removed from its most prevalent usage - as an ingredient in Coca Cola.

5. In the early 1970s, cocaine again became a drug of choice. Because of low supplies and low purity, cocaine was not believed by users to be addictive.

6. By 1980, many cocaine users were learning to smoke cocaine either in freebase form or the now more popular form, crack. This form delivers a quicker, more powerful high.

7. Cocaine is not a respecter of age, sex, socioeconomic level, intellectual capacity or physical prowess.

COCAINE: DEMOGRAPHICS

1. In one county in Florida with a population of 700,000, 477 babies were born addicted to cocaine in 1988. In October of 1988 alone, 40 babies were reported to the local health department as being born addicted to cocaine.

2. 23-million Americans have tried cocaine and about 13-million have used it in the past year.

3. About 5- to 6-million Americans are considered regular users, with approximately 2-million being drug addicted.

4. In 1986, approximately 20 percent of all high school seniors used cocaine.

5. About 100 tons of cocaine were brought into the U.S. in 1987, up from 40 tons in 1981.

6. Cocaine is now the second most frequently used illegal drug. Marijuana is the first.

7. Each day, more than 5,000 Americans try cocaine.

8. It is estimated that 12,000 babies will be born addicted to cocaine in 1989 in one state alone.

9. It is estimated that the social cost of cocaine addiction is $70-billion annually.

10. It is estimated there will be 375,000 drug-exposed children born in this country in 1990.

11. Approximately 1.6-million women of childbearing age are regular users of cocaine.

COCAINE: THE MATERNAL SUBSTANCE ABUSE STUDY

The Juvenile Welfare Board of Pinellas County, FL funded a research project to document the incidence of maternal substance abuse. While the study was done in only one county, it is the first of its kind in the nation and has implications for all people addressing the problem of drug-exposed children. The study was done by Dr. Ira Chasnoff, president of the National Association for Perinatal Addiction Research and Education. Said Chasnoff: "This is the first comprehensive population-based study of substance abuse during pregnancy. Because of the county's demographics, it could represent a microcosm of many other communities across the United States."

The findings:

1. The belief that the problems connected with women using drugs during pregnancy occur only in lower socioeconomic, urban minority groups and not in the white middle-class private sector is erroneous. A total of 715 women were tested, 380 in public health clinics and 335 in private obstetrical care. There was no significant difference in the rates of those testing positive for drug use among private or public patients.

2. 14.8 percent of all the women tested positive for alcohol, marijuana, cocaine and/or opiates. 13.7 percent of the private sector women tested positive, while 16.3 percent of public sector women tested positive. The percentages mean that nearly 1 in 7 pregnant women tested positive.

3. The incidence of the use of the individual drugs was also similar, except for cocaine having a slightly higher incidence among women in the public health group.

4. Among black and white women, the rate of positive tests for drug use as 15 percent. The rate of positive tests for drugs among white women as 15.4 percent; the rate for black women, 14.1 percent.

5. In both the total population of women (public and private patients) and the total population of black and white women, marijuana was the drug used most often. In the population of black and white women, 7.5 percent of the black women used cocaine, while 1.8 percent of the white women used cocaine. White women used more marijuana: 14.4 percent to 6 percent for black women.

6. Florida has a policy that requires hospitals to notify local health departments when an infant is born with drugs in its system or the mother is an addict. In the six-

month period of the study, 133 pregnant women were reported for substance abuse to the county health authorities. Forty-eight were white; 85 were black. There were no significant differences in socioeconomic status, and patterns of drug use were similar. In analyzing the proportion of women reported to the total number of births among black and white women, it was found that a black woman was 9.58 times as likely to be reported for substance abuse in pregnancy as compared to a white woman. This was in contrast to the fact that a white woman was 1.09 times as likely to have used drugs or alcohol just prior to her first prenatal visit to the doctor.

FALSE PERCEPTIONS, MISCONCEPTIONS, AND MYTHS

1) Drug use in pregnancy is a rarely missed diagnosis.

2) The management of the pregnant woman who uses drugs; the treatment of the infant; and follow up - is consistent within the medical, social, and legal system.

3) Drug use in pregnancy is mainly a problem of:
   a) lower socioeconomic groups
   b) certain racial groups
   c) teenagers

4) The street drugs used in pregnancy and their fetal effects are well understood.

5) A woman's right to abortion also allows her to use drugs during pregnancy.

6) Confidentiality statutes and regulations for federal alcohol and drug abuse treatment programs prohibit reporting incidents of suspected child abuse.

7) The placenta protects the fetus from drugs that the mother uses.

8) Birth defects and neonatal drug withdrawl are the most important aspects of drug use in the perinatal period.

9) The time to intervene and offer treatment to the drug abusing mother is at the birth of the infant.

10) Motherhood cures drug addiction.

Cocaine Use During Pregnancy

COCAINE: PRENATAL

March of Dimes
Preventing Birth Defects

Cocaine is among the most dangerous drugs to unborn babies. Over the past few years there has been a dramatic increase in the number of pregnant women who use cocaine and, consequently, an alarming rise in the number of babies born affected by the drug. According to studies conducted in large urban areas, as many as one in 10 babies may have been exposed to cocaine before they were born. Some of these babies are born with serious health problems.

How does cocaine hurt an unborn baby?

Cocaine can affect a pregnant woman and her unborn baby in many ways. During the early months of pregnancy, it can cause miscarriage. When the drug is used late in pregnancy it may trigger labor, or cause an unborn baby to die, or have a stroke which can cause irreversible brain damage.

One study showed that women who used cocaine during pregnancy were three times more likely to have a premature baby. Cocaine cuts the flow of nutrients and oxygen to the baby, so even if the baby is not premature, it may be much smaller than it would be otherwise.

Cocaine use also can cause the placenta to pull away from the wall of the uterus before labor begins. This condition, **abruptio placentae**, can lead to extensive bleeding and can be fatal for both the mother and her baby.

How does cocaine use during pregnancy affect newborns?

Babies exposed to cocaine before they are born may start life with serious health problems. Many are born too soon or too small. Babies born prematurely often have low birthweight (less than 5.5 pounds). Low-birthweight babies are 40 times more likely to die in their first month than normal weight babies.

Some babies exposed to cocaine before birth have brain damage. Babies whose mothers used cocaine during pregnancy also often score poorly on tests given at birth to assess the newborn's physical condition and overall responsiveness.

Babies exposed to cocaine before birth also may have neurological and respiratory problems. In some cases, their organs may be underdeveloped or malformed.

Beginning at birth, these babies go through something similar to "withdrawal" from the drug. They are very jittery and irritable, and they startle and cry at the gentlest touch or sound. Consequently, these babies are very difficult to comfort and often are described as withdrawn or unresponsive.

Because these babies are so tremulous and hard to comfort, they often are not able to interact with others or to respond to their mothers. The baby's reaction to cocaine, frequently coupled with the mother's continued dependence on the drug, makes bonding between mother and baby difficult — bonding is critical to a baby's emotional development. The mother has trouble coping with her crying baby and the baby is difficult to comfort. Babies born to women who used drugs during pregnancy are at increased risk for child abuse and neglect.

What other problems are faced by babies whose mothers used cocaine during pregnancy?

We do not know all of the special problems that these children will face. Doctors are very concerned about studies showing that these babies may have a much greater than normal chance of dying of Sudden Infant Death Syndrome (SIDS). In one study 15 percent of babies whose mothers took cocaine throughout pregnancy died of SIDS. Normally, a baby has only a 0.3 percent chance of dying from SIDS.

Because many babies exposed to cocaine before birth have chronic health problems and have had difficulty bonding, many experts expect they will face problems in childhood. "These children must be considered at high risk for developmental and learning disabilities," says Dr. Ira J. Chasnoff who has conducted extensive studies of babies whose mothers used cocaine during pregnancy.

How can a woman protect her baby from the dangers of cocaine?

The birth defects and other problems caused by cocaine use are completely preventable. The March of Dimes Birth Defects Foundation advises women who use cocaine to stop before they get pregnant or to delay pregnancy until they believe they can avoid the drug completely throughout the pregnancy. The March of Dimes encourages pregnant women who use cocaine to stop using the drug immediately, because of the damage continued cocaine use can cause.

What is the March of Dimes doing to address the problem of cocaine use during pregnancy?

The March of Dimes is very concerned about the increased number of babies exposed to cocaine before birth. Dr. Chasnoff is continuing his study of the effect of cocaine use during pregnancy on children during their formative years.

The foundation has sponsored conferences on cocaine use during pregnancy for health professionals and the media to increase awareness of this growing problem. The March of Dimes also conducts education programs to inform the public of the dangers of cocaine and other drugs to unborn babies.

The March of Dimes has produced a brochure, "Drugs, Alcohol and Tobacco Abuse During Pregnancy," and a 10-minute videotape, "Cocaine's Children," about the effects of drug use during pregnancy. Both are available from your local March of Dimes chapter.

March of Dimes
Birth Defects Foundation
Community Services Department
1275 Mamaroneck Avenue
White Plains New York 10605
Telephone 914 428 7100

PERINATAL CENTER FOR CHEMICAL DEPENDENCE
215 East Chicago Avenue
Chicago, Illinois 60611
(312) 908-0867

When a pregnant woman drinks alcohol or abuses any drugs, the developing fetus is also exposed to the harmful substance(s). These substances flow directly from the mother's bloodstream through the placenta and cross over to the baby. Harmful chemicals taken during the first three months of pregnancy can affect organ development or cause spontaneous abortion. Continued abuse may affect the baby's brain growth and weight gain or cause premature delivery.

SUBSTANCES MOST COMMONLY ABUSED DURING PREGNACY AND THEIR RISKS TO MOTHER AND BABY

COCAINE	During the first three months of pregnancy, there is an increased risk of spontaneous abortion. During the last three months, increased fetal movements, abruptio placentae and increased blood pressure and heart rate may occur. Intravenous cocaine abuse increases the risk of exposure to the AIDS virus. The newborn experiences withdrawal symptoms, and there is an increased risk of Sudden Infant Death Syndrome (crib death).
ALCOHOL	Effects on the pregnant woman include malnutrition, increased risk of spontaneous abortion and increased rate of stillbirth. Effects on the baby include Fetal Alcohol Syndrome (FAS) (low birth weight, small head size and congenital malformations); withdrawal symptoms and behavioral problems, with possible mild to moderate mental retardation.
HEROIN AND OTHER NARCOTICS	Problems in the pregnant woman include hepatitis, both acute and chronic; endocarditis; spontaneous abortion; stillbirth and increased risk of contact with the AIDS virus if the substance is used intravenously. Problems in the infant include low birth weight and length; small head size; difficulty responding to the human voice and touch; withdrawal symptoms and increased risk of crib death.
MARIJUANA	Problems in the newborn include low birth weight, withdrawal symptoms and increased risk of crib death.

COCAINE: THE BABIES

PERINATAL CENTER FOR CHEMICAL DEPENDENCE

COMFORTING TECHNIQUES FOR YOUR BABY

There is a high chance that your infant will experience symptoms from the various chemicals he/she was exposed to during your pregnancy. The symptoms can last up until the sixth month of life.

Infant Behavior	Maternal Intervention
Prolonged and/or high-pitched cry	Soothe infant by holding snugly and close to your body. Swaddle your baby with a blanket if he/she is too active for you to hold snugly.
Inability to sleep	Reduce environmental stimuli, such as loud noises, bright lights and excessive manipulation. (Don't handle or jiggle your baby too much. Soft voice, humming and rocking may be soothing.) Decrease the time between feedings or start a demand feeding schedule.
Frantic sucking of fists	Use infant shirts with sewn-in sleeves for mits to prevent damage to the skin. If skin is damaged (e.g., scratched by infant's own nails), keep affected skin area clean with a mild soap and water. Use a pacifier.
Sneezing, nasal stuffiness and trouble breathing	Clean nose frequently if plugged with mucus or dried formula. Don't restrict chest movements with tightly wrapped blankets (i.e., swaddling). If your baby's skin color appears very pale, grey or blue, call the nurse or doctor immediately (908-0867 [9-5, M-F] or 869-4300 [24 hours a day]). If your baby appears to be breathing too fast, count the number of times he/she breathes for one full minute, and if he/she is breathing 60 times or more, tell the nurse or doctor. Feed smaller amounts of formula more often. Allow more time for feeding, with rest periods between sucking. Keep infant in a sitting position.

Infant Behavior	Maternal Intervention
Poor feeding	Feed small amounts of formula frequently.
Regurgitation (spitting up)	Take extra time to burp your infant gently and well.
Vomiting	Feed baby slowly if he/she begins to "gulp" or vigorously suck on nipple. If baby is sucking poorly, support chin and both cheeks to increase sucking ability (ask your nurse to show you how to do this). If baby has been vomiting or regurgitating, keep him/her on his/her side or stomach to prevent breathing in vomited formula. Clean skin area with mild soap and water immediately after infant has vomited or regurgitated because stomach contents contain acid which can irritate and damage skin.
Stiffness or rigidity Hyperactivity Trembling	Bathe baby frequently in warm water with mild soap, dry well, and apply any medicines, ointment or cream the doctor has prescribed or recommended. Change position frequently (every half hour). Position baby on soft flannel blankets or a sheepskin. Expose raw (or "rubbed") area of the baby's skin to the air or use a heat lamp every 2-3 hours (ask nurse to show you how to do this). Decrease environmental stimuli (noise and too much handling).
Fever (temperature of 100 degrees or more	Do not swaddle. Remove extra covers. Reduce clothing to shirt and diaper only. Decrease environmental (room) temperature. Sponge baby in lukewarm tap water.

Adapted from Finnegan LP, Macnew BA, American Journal of Nursing, Vol., 74, No. 4, April 1974.

COCAINE: THE CHILDREN, THE PARENTS

The Children:

1. Are fearful, uncertain and unable to make the decisions regarding their own well-being and happiness that most preschoolers are able to make.

2. Are dirty, ill-clothed and often unbathed and unfed.

3. Are very eager for the attention of their caregiver, often demanding that they have exactly what everybody else has.

4. Tend to exhibit delays in fine motor development, language development and social skills.

5. May often be placed in foster homes or suffer from frequent relocations with relatives or parents' friends.

6. May not know who is an acceptable role model and who is not.

7. Often suffer from frequent illnesses. Problems such as scabies, head lice and impetigo are much more frequent for these children.

The Parents:

1. Frequently believe by acknowledging that they abused drugs during pregnancy, they have no further responsibility for what happens to the child.

2. Do not want to face "working through the system" when their child is ill, so will refuse to get treatment for the child or simply not allow the child to attend for the next several days.

3. Are undependable. Standard parent involvement practices do not work with this group of parents.

4. Move frequently and sometimes allow little chance for followup by the health department or caregivers because of their inaccessibility.

5. Need multi-service assistance. These parents require help with clothing, shelter, food and other basic necessities of just getting by.

6. Have little time for parent education because they are so busy keeping body and soul together.

7. Often lie.

COCAINE: EARLY INTERVENTION CURRICULUM

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For the staff of the Child Development and Family Guidance Center, the initial focus of this curriculum, it was recommended that each goal be implemented during the daily 15-minute circle designated for social growth/health. Due to their nature and depending on class size, some activities may require longer than 15 minutes; teachers should adjust their classroom schedules accordingly. Should other preschools desire to utilize this curriculum, it is recommended that each goal be allotted at least one week of implementation. This time period may vary according to need, children's developmental levels and number of objectives and activities. Activities provided are designed to accomplish the objectives for each goal and may be repeated frequently, since repetition is an important part of any preschool curriculum. Appropriate fingerplays, songs and books should be included daily. Activities may be enhanced by the use of guest "experts" such as doctors, psychologists, substance abuse prevention specialists, etc. The writer acknowledges that many activities (such as those dealing with positive interactions with people and self-esteem) should be reinforced on a daily, ongoing basis and encourages teachers to do so.

Goal: To assist children 2 to 5 in improving their self-esteem

Objective 1: Upon completion of instruction, the child will be able to list ways he/she is special.

Objective 2: Upon completion of instruction, the child will be able to recognize and name at least three major feelings.

Objective 3: Upon completion of instruction, the child will be able to identify ways of managing difficult feelings.

Objective 4: Upon completion of instruction, the child will be able to name people who can help him/her manage his/her feelings.

Objective 5: Upon completion of instruction, the child will be able to name several emotions that are healthy and make him/her feel good.

Goal: To help children 2 to 5 develop positive relationship skills for resisting peer pressure

Objective 1: Upon completion of instruction, the child will name parents, teachers and friends as people to turn to in times of stress.

Objective 2: Upon completion of instruction, the child will be able to demonstrate three ways of interacting positively with people.

Objective 3: Upon completion of instruction, the child will be able to relate three things that could happen when he/she does not interact positively with people.

Objective 4: Upon completion of instruction, the child will choose healthy and/or positive solutions to personal and social problems.

Objective 5: Upon completion of instruction, the child will be able to correctly express a need for help or assistance.

Goal: To provide children 2 to 5 with factual information about drugs

Objective 1: Upon completion of instruction, the child will be able to recognize and name at least three drugs out of five.

Objective 2: Upon completion of instruction, when given the name of a drug, the child will be able to label it a usable or not usable drug.

Objective 3: Upon completion of instruction, the child will say no to drugs that could harm him/her when offered by inappropriate people or in inappropriate circumstances.

The preschool early intervention substance abuse curriculum described above, including appropriate activities, is in the process of being submitted for publication. Adherence to copyright guidelines is proscribed by law. Preschool teachers and other interested individuals are welcomed and encouraged to utilize the curriculum provided proper acknowledgement is given the author. For a copy of the complete curriculum, please send a stamped (50 cents), self-addressed envelope to:

Kate Howze
795 25th Ave. N
St. Petersburg, FL 33704

For more information: Kate Howze, 813-521-1853 (office), or 813-821-3093 (home).

COCAINE:
BABIES, TREATMENT, CHILD CARE AND THE FUTURE

1. 70 percent of males arrested for serious crimes test positive for drug use, with marijuana and cocaine being the two drugs most commonly used.

2. 76 percent of females arrested for serious crimes test positive for drug use, with cocaine being the drug most commonly used.

3. The number of children born addicted to cocaine is skyrocketing. For example, in south Florida in 1987, there were 200 cocaine-addicted babies born. In 1989, it is projected there will be 12,000 cocaine-addicted babies born in Florida alone. Similar figures can be found in most urban areas in the country.

4. The average cost to states for treating cocaine-addicted babies in the first six months of life is $5.8-million per year.

5. The cost will continue to remain high throughout the children's lives as they will require many types of specialized treatment.

6. The first major group of cocaine babies will be entering public education in 1990, which means many are now in the child care system.

7. The two age groups most likely to use cocaine are 20- to 25-year-olds and 26- to 35-year-olds. This affects women during most of their childbearing years.

8. 10 percent of pregnant women are believed to be using cocaine. This figure has risen every year since 1983.

And don't forget those hidden cocaine babies - mostly middle class and above who are treated by private physicians who either do not know or do not care to know how to recognize that the problem(s) the baby is experiencing is (are) a result of the mother's cocaine use. Given the nature of cocaine users, almost all these children will be in child care.

COCAINE: FOR MORE INFORMATION

1. Cocaine Baby Help Line, 1-800-327-BABE, in Indiana, Michigan, Minnesota, Missouri, Wisconsin, Kentucky. Outside these states, call 1-312-908-0867.

2. 1-800-COCAINE, 24-hour toll-free information and referral service.

3. Chasnoff, Ira J., M.D. Department of Pediatrics and Psychiatry, Northwestern University, Chicago.

4. NAPARE, National Association for Perinatal Addiction Research and Education. 11 East Hubbard St., Suite 200, Chicago, IL. (312)-329-2512.

5. The Juvenile Welfare Board of Pinellas County, 4140 49th St. N, St. Petersburg, FL 33709. (813) 521-1853.

6. Operation PAR Child Development and Family Guidance Center, 2000 Fourth St. S, St. Petersburg, FL 33701. (813) 896-2672.